

1998 AR1000

ARKANSAS INDIVIDUAL INCOME TAX RETURN
Full Year Resident

DEPT. USE ONLY

JAN 1 - DEC 31, 1998 OR FISCAL YEAR ENDING , 19

F

USE LABEL PRINT OR TYPE	● FIRST NAME AND INITIAL (List both if applicable)		● LAST NAME(S) (See Instructions)		● YOUR SOCIAL SECURITY NUMBER		
	● PRESENT ADDRESS - NUMBER AND STREET, APARTMENT NUMBER OR RURAL ROUTE				● SPOUSE SOCIAL SECURITY NUMBER		
	● CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE				HOME TELEPHONE: WORK TELEPHONE:		
FILING STATUS Check Only One Box	1. ● <input type="checkbox"/> SINGLE: (Or widowed before 1998 or divorced at end of 1998)				4. ● <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN		
	2. ● <input type="checkbox"/> MARRIED FILING JOINT: (Even if only one had income)				5. ● <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS: (Enter spouse's full name here and SSN above) _____		
	3. ● <input type="checkbox"/> HEAD OF HOUSEHOLD: (See Instructions) If the qualifying person is your child but not your dependent, enter this child's name here: _____				6. ● <input type="checkbox"/> QUALIFYING WIDOW(ER): with dependent child. (Year spouse died): 19____ (See Instructions).		
HAVE YOU FILED A FEDERAL EXTENSION? ● <input type="checkbox"/> Check this box if you have filed an Automatic Federal Extension Form 4868. (See Instructions).							
PERSONAL CREDITS	7A. <input type="checkbox"/> YOURSELF ● <input type="checkbox"/> 65 or OVER ● <input type="checkbox"/> 65 SPECIAL ● <input type="checkbox"/> BLIND ● <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ <input type="checkbox"/> SPOUSE ● <input type="checkbox"/> 65 or OVER ● <input type="checkbox"/> 65 SPECIAL ● <input type="checkbox"/> BLIND ● <input type="checkbox"/> DEAF <input type="checkbox"/> QUALIFYING WIDOW(ER)						
	7B. First name(s) of dependent(s): (Do not list yourself or spouse) Multiply number of boxes checked from Line 7A <input type="checkbox"/> x 20.00 =					00	
	Multiply number of dependent(s) from Line 7B ● <input type="checkbox"/> x 20.00 =					00	
	7C. First name(s) of retarded child(ren): (See Instructions) Multiply number of retarded child(ren) from Line 7C. ● <input type="checkbox"/> x 500.00 =					00	
	7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C.) (Enter total here and on Line 43).7D					00	
INCOME Attach W-2s/1099s here / Place check on W-2s/1099s.	ROUND ALL INCOME FIGURES TO WHOLE DOLLAR AMOUNTS					A YOUR INCOME	B SPOUSE INCOME STATUS 4 ONLY
	8. Wages, salaries, tips, etc. 8					00	8 00
	9A. U.S. military compensation pay: (Your/joint gross amount). 00 Less \$6,000 9A					00	
	9B. U.S. military compensation pay: (Spouse gross amount). 00 Less \$6,000						9B 00
	10. Minister's income: Gross \$ Less rental value \$ 10					00	10 00
	11. Interest income: (If over \$400.00, attach page AR4). 11					00	11 00
	12. Dividend income: (If over \$400.00, attach page AR4). 12					00	12 00
	13. Alimony and separate maintenance received: 13					00	13 00
	14. Business or professional income: (Attach Federal Schedule C or C-EZ). 14					00	14 00
	15. Capital gains/losses from stocks, bonds, etc.: (Attach Form AR1000DGW). 15 ●					00	15 ● 00
	16. Capital gain distributions not reported on Line 15: 16					00	16 00
	17. Other gains or (losses): (Attach Federal Form 4797). 17					00	17 00
	18. IRA distributions and fully taxable annuities: 18					00	18 00
	19A. Employer sponsored pension plan: (Your/joint gross amount). ● 00 Less \$6,000 19A					00	
	19B. Employer sponsored pension plan: (Spouse gross amount). ● 00 Less \$6,000						19B 00
	DO NOT ADJUST LINES 19A AND 19B FOR COST RECOVERY (See Instructions).						
	20. Rents, royalties, partnerships, estates, trust, etc. (Attach Federal Schedule E). 20					00	20 00
	21. Farm income: (Attach Federal Schedule F). 21					00	21 00
	22. Other income: (List type and amount. See Instructions). 22					00	22 00
	23. TOTAL INCOME: (Add Lines 8 through 22). 23 ●					00	23 ● 00
ADJUSTMENTS	24. Payments to <input type="checkbox"/> IRA and <input type="checkbox"/> MSA (See Instructions for limitations). 24					00	24 00
	25. Contributions to Intergenerational Trust: (See Instructions). 25					00	25 00
	26. Moving Expenses: (Attach Federal Form 3903 or 3903F). 26					00	26 00
	27. Self-employed health insurance deduction: 27					00	27 00
	28. KEOGH and Self-employed SEP and SIMPLE Plans: 28					00	28 00
	29. Forfeited interest penalty for premature withdrawal: 29					00	29 00
	30. Alimony-separate maintenance paid to: Name: _____ SSN: _____ 30					00	30 00
	31. Border city exemption: (Attach Form AR-TX). 31 ●					00	31 ● 00
	32. Support for permanently disabled child: (Attach Form AR1000DC). 32					00	32 00
	33. TOTAL ADJUSTMENTS: (Add Lines 24 through 32). 33 ●					00	33 ● 00
	34. ADJUSTED GROSS INCOME: (Subtract Line 33 from Line 23). 34 ●					00	34 ● 00

		A YOUR INCOME		B SPOUSE INCOME STATUS 4 ONLY	
TAX COMPUTATION	35. ADJUSTED GROSS INCOME: (From Line 34, Columns A and B, Page AR1).	35	00	35	00
	36. If you qualify for the Low Income Tax Table, enter zero (0) on Line 36A and 36B. If not, then: Enter the larger of your: <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Itemized Deductions . See Itemized Deduction Schedule, Line 28, OR <input type="checkbox"/> Standard Deductions. See Standard Deduction instructions, Line 36. </div>	36 •	00	36 •	00
	37. NET TAXABLE INCOME: (Subtract Line 36 from Line 35).	37 •	00	37 •	00
	38. Select tax table: (Enter tax from table).	38	00	38	00
	• <input type="checkbox"/> LOW INCOME Table 1 <input type="checkbox"/> REGULAR Table 2 • <input type="checkbox"/> AR1000DGW				
39. Tax: (Enter totals from Lines 38A and 38B).	39			00	
40. Enter tax from Lump Sum Distribution averaging schedule: (Attach AR1000TD).	40 •			00	
41. IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329 if required).	41 •			00	
42. TOTAL TAX: (Add Lines 39, 40 and 41).	42 •			00	
TAX CREDITS	43. Personal Tax Credit(s): (Enter total from Line 7D, page AR1).	43 •	00		
	44. Working Taxpayer Credit: (See Instructions. Attach AR1328).	44 •	00		
	45. State Political Contributions credit: (Attach schedule).	45 •	00		
	46. Other State tax credit(s): (Attach copy of other State return(s)).	46 •	00		
	47. Child care credit(s): (Attach Federal Form 2441 or 1040A, 20% of Federal credit allowed).	47 •	00		
	48. Credit for adoption expenses: (Attach Federal Form 8839, 20% of Federal credit allowed).	48 •	00		
	49. Business and Incentive Tax Credits: (Attach schedule and certificate).	49 •	00		
	50. TOTAL CREDITS: (Add Lines 43 through 49).	50 •			00
51. NET TAX: (Subtract Line 50 from Line 42. If Line 50 is greater than Line 42, enter 0).	51 •			00	
PAYMENTS	52. Arkansas Income Tax withheld: (Attach State copies of W-2s).	52 •	00		
	53. Estimated tax paid or credit brought forward from last year:	53 •	00		
	54. Payments made with extension: (See Instructions).	54 •	00		
	55. Early childhood program: Certification No.: (Attach Fed. Form 2441 or 1040A, Certification Form AR1000EC, 20% of Fed. credit allowed).	55 •	00		
	56. TOTAL PAYMENTS: (Add Lines 52 through 55).	56 •			00
REFUND OR TAX DUE	57. AMOUNT OF OVERPAYMENT/REFUND: (If Line 56 is greater than Line 51, enter difference).	57 •			00
	58. Amount to be applied to 1999 estimated tax:	58 •	00		
	59. Amount to be contributed to the AR Disaster Relief Fund: 59 •	00			
	60. Amount to be contributed to U.S. Olympic Fund: 60 •	00			
	61. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 58, 59, and 60 from Line 57).	REFUND 61 •			00
	62. AMOUNT DUE: [If Line 56 is less than Line 51, enter difference. (If over \$250.00, see Instructions)].	TAX DUE 62 •			00
	62A. Attach Form AR2210: Exception 62A • Penalty 62B •	00			
	62C. Please attach your check for payment in full and include your Social Security Number and the amount for tax due and/or penalty.	TOTAL DUE 62 C •			00
63. Source of income not subject to Arkansas tax: (Memorandum only).					
PLEASE SIGN HERE	PLEASE SIGN HERE Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Your Signature		Occupation	Date	
PAID PREPARER	Spouse's Signature		Occupation	Date	
	Paid Preparer's Signature:		ID Number / Social Security Number:		FOR DEPARTMENT USE ONLY
	Name:		City / State / ZIP:		A •
	Address:		Telephone:		B •
					C •
				D •	
				E •	
				F •	

Mailing Information

Mail **REFUND** returns to:
Mail **TAX DUE** returns to:
Mail **NO TAX DUE** returns to:

DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000.
DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144.
DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.